

## **COSA JUSTIFICATION FORM**

This Vehicle Justification Form will be utilized to review requirements when requesting SUVs, fleet reconfigurations, or adding new vehicles and equipment to the fleet. The overall utilization requirements, safety, fuel consumption, and cost are key considerations in the approval process.

Check the appropriate box below:

Replacement	venicie	Reconfigura	ition Reque	st N	ew Vehicle	Request
SECTION 1.	EXISTING VE	EHICLE INFORMA	TION			
Name:		Department:			Email:	
		Беринтен				
Replacing Vehicle #:		Year/Make/Model:			Current Date:	
Odometer Hour Meter		Current Meter Reading:			Phone:	
		VEHICLE INFOR				
	k-up Truck	SUV Minivan	Full Size Va	n	Cargo or N	lumber of
Cargo Van	Passenger Van		4 Wheel Drive	Other (lis	st) Passengers	:
SECTION 3. F		<u> </u>				
Gasoline	Hybrid	Diesel Propane	CNG	Electric	Flex-Fuel	Other
		. INFORMATION				
Reason for requeste	ed vehicle: (trans	port passengers or cargo	, type of terrain	to travel, how	often, etc.):	
Estimated average annual mileage vehicle will travel:  City Employees to be Assigned to Requested Vehicle: (list all drivers and average number passengers traveling per day):						
City Employees to	be Assigned to R	equested Vehicle: (list a	ll drivers and av	erage number	r passengers tra	veling per day):
Unique vehicle specifications required for operation: (type of cargo, cargo dimensions, weight restrictions, trailering						
requirements, ground clearance, and other pertinent information regarding use.)						
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Describe any after-market modifications required for this vehicle: (lift gate, service body, spray-on bedliner, communication						
equipment, partitions, etc.):						
Paconfiguration: (	unaradina or dov	vnsizing existing fleet ass	eat ata):			
Reconfiguration. (	upgraunig or dov	msizing existing freet as:	sei, eic.).			
SECTION 5. (	DEFICIAL LIS	SE ONLY				
Approved		Requesting Director's Si	anatura:		Т	Date:
* *						
Approved	Denied F	leet Services Director's	Signature:			Date:
Denial Reasons:						
Approved	Denied A	Assist. City Manager's Si	onature:		Т	Date:
Approved		City Manager's Signature				Date:

Please submit Completed Form as an attachment to: Fleet Acquisitions@sanantonio.gov